

FORM BS
(10-05)

United States Bankruptcy Court		INVOLUNTARY PETITION
Southern <u>District of Texas, Houston Division</u>		
IN RE (Name of Debtor - If Individual: Last, First, Middle) Northpark Office Tower, LP	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
LAST FOUR DIGITS OF SOC. SEC. NO./Complete EIN or other TAX I.D. NO. (If more than one, state all.) XX-XXX4867		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1415 N. Loop West Suite 222 Houston, Texas	MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <u>Harris</u>	77008 ZIP CODE	ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
<p style="text-align: center;">INFORMATION REGARDING DEBTOR (Check applicable boxes)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Petitioners believe:</p> <p><input type="checkbox"/> Debts are primarily consumer debts</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts</p> </div> <div style="width: 50%;"> <p style="text-align: center;">TYPE OF DEBTOR</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other: <u>Limited Partnership</u></p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Commodity Broker</p> </div> </div> </div> </div>		
BRIEFLY DESCRIBE NATURE OF BUSINESS		
<p style="text-align: center;">VENUE</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.</p>	<p style="text-align: center;">FILING FEE (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.</p>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<p style="text-align: center;">ALLEGATIONS (Check applicable boxes)</p> <p>1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).</p> <p>2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.</p> <p>3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;</p> <p style="text-align: center;">or</p> <p>b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.</p>		COURT USE ONLY

If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

Name of Debtor Northpark Office Tower, LPOFFICIAL FORM 5 - Page 2
Involuntary Petition
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Case No. _____

TRANSFER OF CLAIM☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Kevin OrtonSignature of Petitioner or Representative (State title)
Kevin OrtonName of Petitioner 12-1-09
Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X Alan Gerger 12-1-2009Signature of Attorney Dunn, Neal & Gerger, LLP
DateName of Attorney Firm (If any)
3050 Post Oak Blvd, Ste 400, Houston, TX 77056

Address (713) 403-7400
Telephone No.

X
Signature of Petitioner or Representative (State title)Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X
Signature of Attorney Date

Name of Attorney Firm (If any)

Address
Telephone No.

X
Signature of Petitioner or Representative (State title)Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X
Signature of Attorney Date

Name of Attorney Firm (If any)

Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner <u>Kevin Orton, 3843 S. Bristol #242</u> <u>Santa Ana, CA 92704</u>	Nature of Claim <u>Guarantee</u>	Amount of Claim <u>\$2,900,321.52</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

____ continuation sheets attached